North Carolina Department of Public Instruction
Exceptional Children's Division
Instructional Support & Related Services

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Educational and Clinical Models of Service Delivery

Occupational and physical therapy services are delivered in a variety settings—hospital, clinic, home and school—each with its own set of standards and practices. Regardless of setting, therapy is therapy, right?

Actually, no. Therapists are equally trained and licensed no matter where they work, but the missions of the agency, school, or clinic where the therapists work are often very different. Therefore, the type and goals of therapy may be very different from one setting to another. It's important to understand the different delivery and outcomes of different models therapy.

There are two primary models of occupational and physical therapy for children: clinical and educational. The basic purpose behind each of these models is different, although they can overlap.

Fundamental similarities exist between the clinical and educational two models. The student must have a recognized disability or disorder which adversely affects performance. The therapy must address a condition/situation for which it is an accepted, essential, evidence-based method of intervention. Evaluation data is collected and interpreted to determine need for service and develop an intervention plan.

The objective and measurable intervention plan must document the student's functional strengths and limitations and address a condition/situation(s) that is expected to improve with a reasonable and generally predictable period of time, or establishes a safe and effective maintenance program. In the school setting, when activities are considered a standard part of another discipline's intervention/care, these activities are not routinely provided by therapists (e.g., handwriting instruction for kindergarteners; transfers for severely disabled high school students.) When clinical and educational models of therapy coincide, schools have the option to seek reimbursement from Medicaid.

Children can receive services through one or both models. An IEP is a fluid document, it can and should change to respond to both students' needs and ensure least restrictive environment for the student. For some children the frequency or intensity of therapy they receive at school through the educational model will not meet all therapy needs. A child may have therapy needs outside the school setting that would require home- or community-based services from the medical model.

	EDUCATIONAL MODEL	CLINICAL MODEL
HOW DOES IT START?	Teacher, parent or other involved person can ask the IEP team to consider the need for evaluation	Referral is initiated by physician based on observed delay or diagnosis
WHO DECIDES NEED FOR SERVICE?	• IEP team consensus with recommendation from licensed	• Testing and clinical observation by licensed OT/PT

	OT/PT based on testing and classroom/campus observation •Assessment takes into consideration *only* needs associated with special education program	• Assessment takes all settings into consideration • Frequently driven by doctor's orders
WHAT IS THE PURPOSE OF EVALUATION?	• To contribute knowledge and data to the IEP team for discussion and decisions • Helps to identify areas of strengths and needs • Helps to guide goals	• To determine need for services • Helps to identify areas of strengths and needs • Helps to guide goals
WHO DECIDES SCOPE OF SERVICE?	• IEP team—including parents, student (if appropriate), educators, administrators and school based therapists—determine the focus, frequency and duration of therapy • A doctor's order does not drive decisions about school therapy services	• Medical team determines location, focus, frequency and duration of therapy. • Insurance coverage, doctor's orders and transportation may be determining factors
HOW CAN SERVICES BE CHANGED?	Changes to related services require an IEP meeting with parents, educators, administrators and the school based therapist present to discuss and come to consensus	Doctors can alter orders or therapist can change therapy plan, generally discussed with doctor and parents
WHAT IS THE FOCUS OF THERAPY?	•Therapy addresses access to special education and school environment • Works toward independence and participation • Intervention usually for more chronic problems that interfere with educational process	• Therapy addresses medical conditions and impairments • Works to get full potential realized • Intervention usually for acute problems
WHERE DOES THERAPY OCCUR?	• On school grounds, bus, halls, playground, classroom, lunchroom; total school environment • Also work sites and for preschool students some daycare settings	In the clinic, hospital or home
HOW IS THERAPY DELIVERED?	Integrated/inclusive therapy, staff training, program development, collaboration with staff, group intervention, direct one-on-one treatments, consultation	Direct one-on-one treatment to accomplish set goals
WHO PAYS?	No cost to student or family = free and appropriate public education	Fee-for-service payment by family, insurance or governmental

	(FAPE)	assistance.
HOW ARE SERVICES DOCUMENTED?	Related to IEP with accessible, readable language guided by state and local policy reflecting best practice	Dictated by insurance requirements and guidelines of the setting; emphasis on medical terminology and billing codes